



PATENT
KON-76B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION: Joachim E. Klee

Serial No: 10/617,503

Art Unit: 1712

Filed: July 11, 2003

Examiner: Kuo Liang Peng

For: PROCESS FOR THE PREPARATION OF A POLYMERIZABLE DENTAL COMPOSITION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Extension of Time and Fee Letter

A three (3) month extension of time is requested in the above captioned patent application under 37 CFR 1.136(a). This request is required to maintain continuity for the filing of a concurrently filed continuation application. A courtesy copy of this request is included in the continuation application.

Please charge Deposit Account No. 04-0780 the amount of \$1,050.00 for a three (3) month extension of time in the above captioned patent application due in accordance with 37 CFR 1.17.

Please charge any other fee(s) due on the above captioned patent application, and/or credit any overpayment to Deposit Account No. 04-0780.

This letter is submitted in triplicate.

Respectfully submitted,


Douglas J. Hura
Patent Counsel Reg. No. 33249

DJH/kfm

June 4, 2008

Address of signer:

DENTSPLY International Inc.
570 West College Avenue
P.O. Box 872
York, PA 17405-0872
(717) 849-4466

Adjustment Date: 09/02/2008 CKHLOK
06/09/2008 LTRUONG 00000014 040780 10617503
02 FC:1253 1050.00 CR

06/09/2008 LTRUONG 00000014 040780 10617503
02 FC:1253 1050.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>08/25/05</u>		2 Serial/Patent # <u>10/617503</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
X	Extension of Time	ifw	06/08/08	\$ 1,050.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 1,050.00							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	X Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table>			0	4	--	0	7	8	0
0	4	--	0	7	8	0					
X	No Fee Due (Explanation):										
untimely requested											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>ALESIA M. BROWN</u>		TITLE: <u>ATTY</u>									
SIGNATURE: <u>/ALESIA M. BROWN/</u>		PHONE: <u>23205</u>									
OFFICE: <u>OP</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u></u>		DATE: <u>\$ 9/2/08</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**